

JNA News Release Vol.51 Japanese Nursing Association

The Japanese Nursing Association and the Disaster Relief Nurses activities in response to the 2026 Kumamoto Earthquake

On 28 July 2026, an earthquake measuring 7.1 on the Richter scale struck Kumamoto, resulting in 38 fatalities, 368 injuries and damage to 31,798 homes¹. Disruptions to infrastructure such as electricity and water supplies also occurred, leading to the establishment of up to 506 evacuation centres, where 9,931 people sought refuge¹. While the electricity, gas and water supply was restored to almost all areas within one month, there are still people living in evacuation centres at the end of September. These centres have been gradually consolidated as restoration work has progresses.

Immediately after the Kumamoto Earthquake struck, medical teams such as the DMAT (Disaster Medical Assistance Team) began their operations. Disaster Relief Nurses are also deployed during the acute and sub-acute phases, when nursing needs are particularly high. Amidst the intense heat and ongoing water shortages in the disaster-stricken areas, they provided the nursing care necessary to maintain the health of local residents, whilst also working to alleviate the physical and mental strain on nursing staff in the affected areas and offer them support.

The Japanese Nursing Association (JNA) established a Crisis Management Headquarters within the organisation, headed by President Tomoya Akiyama. From the very outset, JNA liaised with the Kumamoto Prefectural Nursing Association and other nursing associations in the affected areas to assess the extent of the damage and coordinate the necessary support. Furthermore, commissioned by the Ministry of Health, Labour and Welfare to coordinate the deployment of Disaster Relief Nurses, JNA maintained close contact with the Kumamoto Prefectural government, which determines the timing, duration, location and scope of activities for these nurses. JNA also liaised with the prefectural nursing associations, which dispatch the nurses, and with other relevant bodies to ensure that the necessary nurses are deployed.

From 30 July, the Kumamoto Prefectural Nursing Association began dispatching Disaster Relief Nurses who are affiliated with hospitals and other facilities within Kumamoto Prefecture; a total of 526 nurses worked in hospitals and evacuation centres. Due to the high demand for Disaster Relief Nurses, it became necessary to deploy nurses from outside Kumamoto Prefecture; consequently, from 3 August, JNA began coordinating the deployment of Disaster Relief Nurses who are affiliated with hospitals and other facilities outside the prefecture. Initially, Disaster Relief Nurses were deployed from neighboring areas within the Kyushu region, but to secure further cooperation, the scope was expanded to include the Kinki region, with a total of 1,912 nurses from 12 prefectures worked in hospitals, evacuation centres and elderly facilities.

¹ Cabinet Office: Information on the Damage Situation and Other Matters Relating to the Reiwa 8 Kumamoto Earthquake – Press Release of 27 August
https://www.bousai.go.jp/updates/r8kumamoto_jishin/status/pdf/r8kumamoto_jishin_20260827.pdf

In principle, Disaster Relief Nurses work for three nights and four days at evacuation centres, hospitals and social welfare facilities, in accordance with the needs of the affected areas. They assess the situation at their assigned locations and, in response to those needs, carry out autonomous, flexible and self-contained activities whilst consulting with local staff.

For example, in evacuation centres, they provide care for people with suspected heatstroke; administer wound care to those injured whilst clearing up their homes; implement infection control measures such as maintaining the cleanliness of the centre and providing guidance on



Disaster Relief Nurses working at the evacuation center

handwashing; respond to outbreaks of infectious diseases (including isolation and zoning); providing advice and guidance on medication; supporting those experiencing physical or mental health issues to access medical care and liaising with medical teams; arranging ambulance transfers; promoting exercises and physical activity to prevent deep vein thrombosis; and providing individualised support for vulnerable groups during disasters, such as the elderly, pregnant women, and people with disabilities. This support is designed to protect people's lives and livelihoods by assessing the situation at the evacuation centre where they are working and responding to local needs. In healthcare institutions, the nurses respond to the acceptance of patients transported from affected facilities and provide care to the patients transported by ambulance to emergency department. Furthermore, to alleviate the burden on nurses who are themselves disaster victims, they perform nursing duties such as providing assistance with daily living activities—including sponge bathing and feeding—in general wards, and conducting rehabilitation in convalescent wards. In addition, they carried out activities in care homes for the elderly, including pressure ulcer prevention.

Tomoya Akiyama, JNA President, and Tamami Matsumoto, Executive Officer in charge of disaster response, visited Kumamoto Prefecture approximately two weeks after the earthquake struck. They exchanged views with relevant organisations and visited hospitals and evacuation centres where Disaster Relief Nurses had been working. They listened to those involved to find out about the challenges facing the affected areas and what support would be required in the future. At the hospitals, healthcare provision continued despite damage to buildings and power cuts. It was clear that fatigue was mounting among affected nursing staff, some of whom were unable to attend work, while others were commuting from evacuation centres or working whilst sleeping in their cars. In light of these circumstances, discussions were held with the Kumamoto Prefectural Nursing Association regarding future support arrangements. It was confirmed that medium- to long-term support would be necessary. Furthermore, securing sufficient nursing staff has become a major challenge in southern Kumamoto Prefecture, where many nursing staff have been affected by the disaster. Following the 2016 Kumamoto Earthquake, the 'Kumamoto Recovery Support Nurses' scheme was established to maintain healthcare provision in the severely affected Aso region. By appealing for support from nurses nationwide, healthcare provision was successfully

safeguarded. Building on this experience, discussions were held regarding the 'Kumamoto Active (Recovery) Nurses' scheme, which is operated through the Kumamoto Prefectural Nurse Centre.

JNA will continue to collaborate with prefectural nursing associations and other relevant organisations. We will spare no effort in working towards the restoration and reconstruction of the disaster-stricken areas, ensuring that all those affected receive the necessary support.

What is a Disaster Relief Nurse?

A 'Disaster Relief Nurse' is a nurse who has completed the prescribed training programme and registered by the Health Policy Bureau of the Ministry of Health, Labour and Welfare. Currently, more than 10,000 nursing professionals have completed the Disaster Relief Nurse training.

Prompted by the Great Hanshin-Awaji Earthquake in 1995, which claimed the lives of more than 6,000 people, the Japanese Nursing Association and the prefectural nursing associations established a disaster relief network. In the event of large-scale natural disasters, as professional organisations, we had dispatched disaster relief nurses to affected areas to safeguard the health of those affected and to support local nursing staff in the disaster-stricken areas.

In recognition of the achievements of Disaster Relief Nurses, this initiative was formalised as a system under national legislation in 2024. Under this new framework, Disaster Relief Nurses will respond not only to large-scale natural disasters but also to the outbreak and spread of emerging infectious diseases.

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